State of Kansas
Department of Administration
Division of Accounts and Reports
DA 152 (Pay 93 00)

## MONTHLY IMPREST FUND RECONCILIATION

DA-153 (Rev. 02-00)	For:					
		(Month)	(Year)			
. CENTON				Imprest		
AGENCY:				Fund No.		
Authorized Amount	of Imprest Fund					\$
	inds					
	OUNT OF FUND (BANK ACCO					\$
TO THORAZED THA	cervi er rena (armirriece)	31(1)				Ψ
Accounted for as fol	llows:					
Bank Statement Bala						\$
ADD:		Name of Bank				
ADD:						
Cash on hand		. \$				
		Ψ				
Deposits in transit:						
No	<u>\$</u>	¢			TOTAL	¢
No	<u> </u>	\$			TOTAL	\$
Checks imprest fund	has not been reimbursed for:					
•						
No No	<u>\$</u>	No	\$ \$ \$ \$ \$ \$ \$			
No	<u>\$</u>	No.	_ \$			
110.	<u>\$</u>	No.	_ \$			
NO		No.	_ \$			
No	<u> </u>	No	_ <del>\$</del>			
No.	S   S   S   S   S   S   S   S   S   S	No	<u> </u>		TOTAL	\$
110.	Ψ	110.	Ψ		TOTAL	Ψ
LESS:						
Checks outstanding t	hrough Bank system:					
No	¢	No	¢			
No.	<u> </u>	No	\$ \$ \$			
No.	<u>Ψ</u> • • • • • • • • • • • • • • • • • • •	No	<u> </u>			
No.		No.	<u>\$</u>			
No.	<u> </u>	No.	\$			
No.	\$	No.	\$			
No.	\$ \$ \$ \$ \$ \$ \$ \$	No.	\$ \$ \$ \$ \$ \$		TOTAL	\$
Total Adjusted Bank	Statement Balance	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	TOTAL	\$
					TOTAL	¢
Cash Long or Short					TOTAL	\$
Other Adjustments					TOTAL	\$
onici Aujustinents	••••••	•••••	••••••	•••••	TOTAL	\$
TOTAL ACCOUNT	ED FOR (Must Equal Authorized A	Amount of Fund			TOTAL	\$
	1 011 (ast Equal Humonizou )	OF T UIIG			1 U 111L	*

Date

Custodian's Signature